Complete Summary

TITLE

Preventive care and screening: percentage of female patients who had a mammogram performed during the two-year measurement period.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 13 p. [11 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of female patients aged 50 to 69 years who had a mammogram performed during the two-year measurement period.

RATIONALE

According to American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Preventive Medicine, Canadian Task Force on Preventive Health Care, National Cancer Institute, and United States Preventive Services Task Force guidelines, screening mammography every 1 to 2 years is recommended for women aged 50 to 69 years.

PRIMARY CLINICAL COMPONENT

Breast cancer; screening mammography

DENOMINATOR DESCRIPTION

All female patients aged 50 to 69 years at the beginning of the two-year measurement period

NUMERATOR DESCRIPTION

Female patients who had a mammogram performed

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Preventive health care, 2001 update: Screening mammography among women aged 40-49 years at average risk of breast cancer.
- Screening for breast cancer: recommendations and rationale.
- Breast cancer screening.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Behavioral risk factor surveillance system: Have you ever had a mammogram?. [internet]. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion; [cited 2003 Mar 01].

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

External oversight/Medicare

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age 50 to 69 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In 2003, more than 211,000 women in the United States will be diagnosed with invasive breast cancer.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not receiving preventive screening mammography. It has been reported that:

- In 2001, 76% of women aged 52 to 69 years had at least one mammogram in the previous two years.
- In 2000, 17% of women aged 40 to 49 years had never had a mammogram.

EVIDENCE FOR INCIDENCE/PREVALENCE

American Cancer Society (ACS). Cancer facts and figures 2003. Atlanta (GA): American Cancer Society (ACS); 2003. 48 p. [33 references]

Behavioral risk factor surveillance system: Have you ever had a mammogram?. [internet]. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion; [cited 2003 Mar 01].

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

In 2003, about 39,000 women in the United States will die from breast cancer.

Mammography screening can reduce mortality by 17% among women aged 40 to 49 years and by 30% for women aged 50 to 74 years.

EVIDENCE FOR BURDEN OF ILLNESS

American Cancer Society (ACS). Cancer facts and figures 2003. Atlanta (GA): American Cancer Society (ACS); 2003. 48 p. [33 references]

The National Breast and Cervical Cancer Detection Program. Breast cancer and mammography information. [internet]. Atlanta (GA): Centers for Disease Control and Prevention; [cited 2003 Mar 01].

UTILIZATION

Unspecified

COSTS

The total direct and indirect costs of breast cancer in the United States are estimated at more than $6 billion annually.

EVIDENCE FOR COSTS

American Cancer Society. Costs of cancer. [internet]. Atlanta (GA): American Cancer Society; [cited 2003 Mar 01].

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All female patients aged 50 to 69 years at the beginning of the two-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All female patients aged 50 to 69 years at the beginning of the two-year measurement period

Exclusions
Documentation of medical reason(s)* for not performing screening mammography; documentation of patient reason(s)** for declining screening mammography; high risk population***

*Specify medical reasons (e.g., history of bilateral mastectomy, terminal illness) for not performing screening mammography.

**Specify patient reasons (e.g., economic, social, religious) for declining screening mammography.

***Those at higher risk require more intensive surveillance.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Female patients who had a mammogram performed

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Screening mammography.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement Measurement Sets

MEASURE SET NAME

Physician Consortium for Performance Improvement: Preventive Care and Screening Physician Performance Measurement Set

MEASURE SUBSET NAME

Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Screening Mammography

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2005 Aug

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 13 p. [11 references]

MEASURE AVAILABILITY

The individual measure, "Screening Mammography," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 8, 2005.

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